

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	18					
TOTAL CLAIMS	19					

	±		±		±	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS